

Level\_\_\_\_\_Type\_\_\_\_\_ -  
 Start Date\_\_\_\_\_End Date\_\_\_\_\_  
 Course #\_\_\_\_\_Location\_\_\_\_\_



# Idaho *EMS* Bureau

## EMT-BASIC INDIVIDUAL SKILLS PROFICIENCY RECORD

Skills		Oxygen Admin.	Mouth to Mask	Airway Adjuncts / suction	BVM	Bleeding Control / shock	Spinal Seated	Spinal Supine	Traction Splinting	Long Bone Immob.	Joint Immob.	Cardiac Arrest Mgmt / AED	Patient Assmt Trauma	Patient Assmt Medical	Epinephrine Auto Injector
		Enter the date on which the skills were successfully completed													
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9/06

I verify that the information on this document is true and correct.

Course Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_